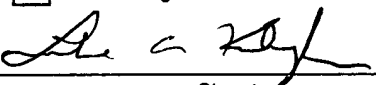


Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

|  |            |  |           |
|--|------------|--|-----------|
| <b>PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a) FY 2005</b><br><i>(Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).)</i>  |            | Docket Number (Optional)<br>3183-002-01            |           |
| Application Number 10/706,506  |            | Filed November 12, 2003                            |           |
| For APPARATUS AND METHOD FOR CUTTING A HEART VALVE   |            |  |           |
| Art Unit 3739  |            | Examiner Henry H. Johnson III                      |           |
| This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.   |            |  |           |
| The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):  |            |  |           |
|  | <u>Fee</u> | <u>Small Entity Fee</u>                            |           |
| <input type="checkbox"/> One month (37 CFR 1.17(a)(1))   | \$ 120     | \$ 60  | \$ _____  |
| <input type="checkbox"/> Two months (37 CFR 1.17(a)(2))  | \$ 450     | \$ 225   | \$ _____  |
| <input checked="" type="checkbox"/> Three months (37 CFR 1.17(a)(3))   | \$ 1,020   | \$ 510   | \$ 510.00 |
| <input type="checkbox"/> Four months (37 CFR 1.17(a)(4))   | \$ 1,590   | \$ 795   | \$ _____  |
| <input type="checkbox"/> Five months (37 CFR 1.17(a)(5))   | \$ 2,160   | \$ 1,080   | \$ _____  |
| <input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.   |            |  |           |
| <input type="checkbox"/> A check in the amount of the fee is enclosed.   |            |  |           |
| <input checked="" type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.   |            |  |           |
| <input type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account.   |            |  |           |
| <input checked="" type="checkbox"/> The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number <u>50-0925</u> .                        |            |  |           |
| <b>WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.</b>                      |            |  |           |
| I am the <input type="checkbox"/> applicant/inventor.  |            |  |           |
| <input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71.<br>Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).  |            |  |           |
| <input checked="" type="checkbox"/> attorney or agent of record. Registration Number <u>33,251</u>   |            |  |           |
| <input type="checkbox"/> attorney or agent under 37 CFR 1.34.<br>Registration number if acting under 37 CFR 1.34 _____   |            |  |           |
| <br>_____<br>Signature  |            | <u>December 22, 2006</u><br>_____<br>Date          |           |
| <u>Luke A. Kilyk</u><br>_____<br>Typed or printed name   |            | <u>(540) 428-1701</u><br>_____<br>Telephone Number |           |
| <b>NOTE:</b> Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below. |            |  |           |
| <input checked="" type="checkbox"/> Total of <u>1</u> form is submitted.   |            |  |           |

This collection of information is required by 37 CFR 1.136(a). The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 6 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450. If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

Date: December 22, 2006 Label No. EV908959265US I hereby certify that, on the date indicated above, I deposited this paper with identified attachments and/or fee with the U.S. Postal Service and that it was addressed for delivery to the Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 by "Express Mail Post Office to Addressee" service.

Kim Blum  
Name (Print)

  
Signature

12/27/2006 EAREGAY1 00000074 10706506

510.00 DP

01 FC:2253

12-26-06

PTO/SB/17 (10-03)

Approved for use through 07/31/2006. OMB 0651-0032

U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

# FEE TRANSMITTAL for FY 2006

Effective 10/01/2003. Patent fees are subject to annual revision.

Applicant Claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$ 510.00)

## Complete if Known

Application Number 10/706,506  
 Filing Date November 12, 2003  
 First Named Inventor ROSENGART  
 Examiner Name Henry M. Johnson III  
 Art Unit 3739  
 Attorney Docket No. 3183-002-01

## METHOD OF PAYMENT (check all that apply)

☐ Check ☒ Credit card ☐ Money Order ☐ Other ☐ None
☒ Deposit Account
 Deposit Account Number  
 Deposit Account Name

50-0925

Kilyk &amp; Bowersox, P.L.L.C.

The Director is authorized to: (check all that apply)

☐ Charge fee(s) indicated below ☒ Credit any overpayments☒ Charge any additional fee(s) or any underpayment of fee(s)☐ Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.

## FEE CALCULATION

## 1. BASIC FILING FEE

| Large Entity | Small Entity | Fee Description | Fee Paid |
|--------------|--------------|-----------------|----------|
| Fee Code     | Fee (\$)     | Fee Code        | Fee (\$) |
| 1011         | 300          | 2011            | 150      |
| 1012         | 200          | 2012            | 100      |
| 1013         | 200          | 2013            | 100      |
| 1014         | 300          | 2014            | 150      |
| 1005         | 200          | 2005            | 100      |

SUBTOTAL (1) (\$ 0.00)

## 2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE

| Total Claims       | Extra Claims | Fee from below | Fee Paid |
|--------------------|--------------|----------------|----------|
| Independent Claims | -20**=       | X              |          |
| Multiple Dependent | -3**=        | X              |          |

| Large Entity |          | Small Entity |          |   |
|--------------|----------|--------------|----------|---|
| Fee Code     | Fee (\$) | Fee Code     | Fee (\$) | <u>Fee Description</u>                                    |
| 1202         | 20       | 2202         | 25       | Claims in excess of 20                                    |
| 1201         | 200      | 2201         | 100      | Independent claims in excess of 3                         |
| 1203         | 360      | 2203         | 180      | Multiple dependent claim, if not paid                     |
| 1204         | 200      | 2204         | 100      | **Reissue independent claims over original patent         |
| 1205         | 50       | 2205         | 25       | **Reissue claims in excess of 20 and over original patent |

SUBTOTAL (2) (\$ 0.00)

\*\* or number previously paid, if greater; For Reissues, see above

## FEE CALCULATION (continued)

## 3. ADDITIONAL FEES

| Large Entity | Small Entity | Fee Description | Fee Paid |
|--------------|--------------|-----------------|----------|
| Fee Code     | Fee (\$)     | Fee Code        | Fee (\$) |
| 1051         | 130          | 2051            | 65       |
| 1052         | 50           | 2052            | 25       |
| 1053         | 130          | 2053            | 130      |
| 1812         | 2,520        | 2054            | 2,520    |
| 1804         | 920*         | 2055            | 920*     |
| 1805         | 1,840*       | 2056            | 1,840*   |
| 1251         | 120          | 2251            | 60       |
| 1252         | 450          | 2252            | 225      |
| 1253         | 1020         | 2253            | 510      |
| 1254         | 1590         | 2254            | 795      |
| 1255         | 2160         | 2255            | 1080     |
| 1401         | 500          | 2401            | 250      |
| 1402         | 500          | 2402            | 250      |
| 1403         | 1000         | 2403            | 500      |
| 1451         | 1510         | 2451            | 1,510    |
| 1452         | 500          | 2452            | 250      |
| 1453         | 1500         | 2453            | 750      |
| 1501         | 1400         | 2501            | 700      |
| 1502         | 800          | 2502            | 400      |
| 1503         | 1100         | 2503            | 550      |
| 1460         | 130          | 2460            | 130      |
| 1807         | 50           | 2807            | 50       |
| 1806         | 180          | 2806            | 180      |
| 8021         | 40           | 2801            | 40       |
| 1809         | 790          | 2809            | 395      |
| 1810         | 790          | 2810            | 395      |
| 1801         | 790          | 2801            | 395      |
| 1802         | 900          | 2802            | 900      |

Other fee (specify)

\*Reduced by Basic Filing Fee Paid

SUBTOTAL (3) (\$ 510.00)

## SUBMITTED BY

## Complete (if applicable)

|                   |               |                                   |                   |           |                |
|-------------------|---------------|-----------------------------------|-------------------|-----------|----------------|
| Name (Print/Type) | Luke A. Kilyk | Registration No. (Attorney/Agent) | 33,251            | Telephone | 1-540-428-1701 |
| Signature         |               | Date                              | December 22, 2006 |           |                |

**WARNING:** Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

This collection of information is required by 37 CFR 1.17 and 1.27. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450. If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

Date: December 22, 2006 Label No. EV908959265US. I hereby certify that, on the date indicated above, I deposited this paper with identified attachments and/or fee with the U.S. Postal Service and that it was addressed for delivery to the Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 by "Express Mail Post Office to Addressee" service.

 Kim Blum  
 Name (Print)

  
 Signature